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11th July 2014

Dear Huw,

Re: NHS Wales Health Board/Trust Governance

As you know I have a longstanding and active role in respect of the quality of health care received by older people within Welsh hospitals. I define quality as the extent to which older people are safe, their care is effective, basic standards are met which ensure their dignity, and they are treated with compassion and kindness.

This is reflected in my work that began with the publication of Dignified Care and its two follow up reports, my own ongoing casework support, an extensive review of the first Annual Quality Statements and a detailed response on the key issues arising from the Mid Staffordshire NHS Foundation Trust Public Enquiry. I have also recently required written assurances from health boards and the Trust in Wales regarding the serious issues raised by Professor Andrews Trusted to Care Report. I have met with the Chief Executive of the NHS in Wales and the Health Minister to make clear my expectations, as the Commissioner on behalf of older people in Wales.

One of the issues that I have consistently been raising directly with the NHS in Wales and its Chief Executive over the past 18 months is clearly reflected in the Trusted to Care Report; namely whether Boards have a fundamental understanding of the quality of their services, as defined

above, and what evidence their level of assurance is based upon. I consider this to be the core business and responsibility of a Board and its members.

I believe the NHS in Wales takes very seriously its duties to deliver high quality care. Whilst I have spoken many times about unacceptable care, I am also told frequently by older people about the good care they receive. I have also seen much evidence of activity being undertaken to improve care. However my work to date and the responses I have received in relation to my work in the light of the Trusted to Care Report leave me with concerns, particularly around variability, in respect of the following issues.

These include:

- The consistency and clarity of definitions of quality of care and the extent to which these reflect the perspective of older people.
- The robustness and effectiveness of Board scrutiny regarding the quality of the care provided by their organisations.
- The robustness and effectiveness of the mechanisms that Health Boards and the Trusts have in place to evaluate the quality of care.
- The sources of Board assurance regarding the identification and remedying of unacceptable care.
- The openness and transparency of Board performance against their core business.

As these are fundamentally governance issues and there is a clear read across to your programme of Structured Assessment, I believe it would be beneficial to meet and discuss my work and observations in more detail. Please do let me know if you would welcome this.

I have also copied this to Darren Millar AM, as the Chair of the National Assembly for Wales Public Accounts Committee.

Yours sincerely,



Sarah Rochira
Older People's Commissioner for Wales